

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612 Fax (802) 871-3318

April 16, 2015

Ms. Ann Bouza, Administrator Equinox Terrace 324 Equinox Terrace Road Manchester Center, VT 05255-9253

Dear Ms. Bouza:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 24, 2015.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

RN

H5YC11

Division of Licensing and Protection							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED			
;	0127	B. WING		C 02/24/2015			
NAME OF PROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STAT	F ZIP CODE				
		NOX TERRACE					
EQUINOX TERRACE MANCHESTER CENTER, VT 05255							
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COMPLETE E APPROPRIATE DATE			
R100 Initial Comments:		R100		:			
was conducted by	n-site complaint investigation the Division of Licensing and 15. There was a regulatory this investigation.	1 1 u	the partity otily the moder the	Uristan Justian			
R116 V. RESIDENT CARE AND HOME SERVICES SS=D		R116	ead refre	successions.			
5.3 Discharge and Transfer Requirements) a orsci	unpe at			
5.3.b Emergency Discharge or Transfer of Residents		a	hauster i	hours,			
(1) An emergency discharge or transfer may be made with less than thirty (30) days notice under the following circumstances:		6	r 30 gards	uster 4/13/12			
in the resident's re- transfer is an emer	ttending physician documents cord that the discharge or gency measure necessary for ety of the resident or other	2	es jacility	te from			
	er or emergency necessitates esidents from the home; or		m the en	rent g			
the health or safety case, the licensee the licensing agend resident immediate	esents an immediate threat to y of self or others. In that shall request permission from by to discharge or transfer the ely. Permission from the	4	ischange he MD wil	ortransfer u te			
immediate threat repolice, mental hea emergency medica render the profess or transfer must on	s not necessary when the equires intervention of the lth crisis personnel, or all services personnel who ional judgement that discharge cour immediately. In such g agency shall be notified on day; or	V 60,4	outed an painty will veroed e	d keep y this eid Ento			
Division of Licensing and Protection	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE C	TITLE	(X6) DATE			

STATE FORM

Division of Licensing and Protection							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		0127	B. WING		C 02/24/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
EQUINOX TERRACE 324 EQUINOX TERRACE ROAD MANCHESTER CENTER, VT 05255							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE		
R116	This REQUIREMENT by: Based on staff interfacility failed to notice emergency dischart Findings include: During review of Rewas discovered that transported to the hinterview with the Eat 2:44 PM, the respensive that prespensive that prespensive that prespensive that prespensive the prespensive that prespensive the prespensive that prespensive the prespensive that prespensive the prespensive that a prespensive	or permitted by a court. NT is not met as evidenced by the state Agency to do an age of a resident, Resident #1. Desident #1 medical record, it at on 12/2/14, s/he was accepted and did not return. Per executive Director on 2/24/15 ident had uncontrolled ented as a danger to staff, almed down when the rescue arrived on scene. In the positive for a UTI, but was are in the Emergency Room. The Executive Director, during stated that s/he told the inquired about the return of this time because of the airing a 1:1 sitter, the resident the facility could not manage ent was discharged from the as unable to return. Per the there were no discharge plans to At 3:06 PM, the Executive that the State Agency had not emergency discharge.		Should the Resident pre a danger to h acility will request peen pour the his agency to trav agen	Elvention sill cusin		
			and train aking	646			